## **EMPLOYMENT VERIFICATION**

	THIS SECTION TO	BE COMPLETED BY MAN	AGEMENT AND EXECUTED E	BY TENANT
TO:	(Name & address of employer)		Date:	
RE:	Applicant/Tenant Name		Social Security Number	Unit # (if assigned)
I here	by authorize release of my employment inf	ormation.		
The in	Signature of Applicant/Tena			ation of income. The information
provid	ded will remain confidential to satisfaction of	of that stated purpose only. `	our prompt response is crucia	and greatly appreciated.
	Development Owner/Manage			
	EMAIL, M	IAIL OR FAX THIS FORM TO	): 	
	Ti	HIS SECTION TO BE COMF	PLETED BY EMPLOYER	
Emplo	oyee Name:	Job	Title:	
Prese	ntly Employed: Yes Date First Er	mployed	No Last Day of Employ	ment
Curre	nt Wages/Salary: \$(circle o	ne) hourly weekly bi-we	ekly semi-monthly monthly	yearly other
Avera	ge # of regular hours per week:	Year-to-date earr	nings: \$ from/	/ through//
Overti	me Rate: \$ per hour	Average # of ove	rtime hours per week:	
Shift [	Differential Rate: \$ per hour	Average # of shif	t differential hours per week:	
Comm	nissions, bonuses, tips, other: \$(cir	rcle one) hourly weekly	bi-weekly semi-monthly mon	thly yearly other
Includ	led in the year-to-date figure above? $\square$ Yes $\square$	No		
List ar	ny anticipated change in the employee's rate o	of pay within the next 12 mon	hs:	; Effective date:
Does	the employee participate in a 401 (k) retireme	ent account? □ Yes □ No C	Can the employee access the fun	ds? □ Yes □ No
If the	employee's work is seasonal or sporadic, plea	ase indicate the layoff period(s	):	
Additio	onal remarks:			
	Employer's Signature	Employer's Print	ed Name	Date
-		Employer [Company] Na	ame and Address	
	Phone #	Fax #		E-mail

**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

